Express 1	Ma	i	1	:
-----------	----	---	---	---

MAR 1 5 2007	this form, together	o	3-16-07 PA or <u>Fax</u> (5	ommissioner fo O. Box 1450 lexandria, Virgi 71)-273-2885	FEE Ar Patents	-1450	EV9576	
NSTRUCTIONS: This for control of the	rm should be used for to rrespondence including the below or directed otherwing.	ransmitting the ISSU se Patent, advance of ise in Block 1, by (a	JE FEE and PUBLICA rders and notification of a) specifying a new com	TION FEE (if requirements of the maintenance fees we spondence address;	ired). Blocks vill be mailed and/or (b) i	through 5 sh to the current ndicating a sepa	nould be complicate spondence rate "FEE ADD	address as RESS" for
	CE ADDRESS (Note: Use Block 1		Fe pa	ote: A certificate of e(s) Transmittal. The pers. Each additiona ve its own certificate	is certificate of l paper, such	cannot be used for as an assignmen	or any other acco	ompanying
LAHIVE & COC ONE POST OFFIC BOSTON, MA 02	CKFIELD, LLP CE SQUARE		I I St ad tra	nereby certify that the states Postal Service was dressed to the Mail ansmitted to the USP	Eee(s) Tra	ailing or Transi nsmittal is being t postage for firs E FEE address 1-2885, on the da	denosited with	the United n envelope g facsimile ow.
						\triangle	(Дере	ositor's name)
					_/			(Signature)
			<u>L</u>				$\overline{}$	(Date)
APPLICATION NO.	FILING DATE	<u>l</u>	FIRST NAMED INVENTO	R	L	DOCKET NO.	CONFIRMATIO	ON NO.
09/602,740 TITLE OF INVENTION: P GLUTAMICUM	06/23/2000 OLYNUCLEOTIDES EN	ICODING A 6-PHO	Markus Pompejus SPHOGLUCONOLACT	ONASE POLYPEP		126CP I CORYNEBAC	1632 FERIUM	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE TO	TAL FEE(S) DUE	DATE I	UE
nonprovisional	NO	\$1400	\$0	\$0		\$1400	03/15/2	.007
EXAMINE	ER	ART UNIT	CLASS-SUBCLASS	03/19/8	1887 MKOLDO	E2 00000076	126080 0966	32749
FRONDA, CHR	ISTIAN L	1652	435-106000	- 01 FC:1	.501	1400.00 DA		
Address form P1O/SB/12	lence address (or Change o	of Correspondence	2. For printing on the (1) the names of up or agents OR, alterna (2) the name of a sin registered attorney of 2 registered patent at listed, no name will b	to 3 registered patentively, gle firm (having as a agent) and the name or agents. If	member a	₂ Elizabe	& Cockfi th A. Ha Laccotri kis	nley
3. ASSIGNEE NAME AND	RESIDENCE DATA TO	BE PRINTED ON	THE PATENT (print or t	ype)				
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified 37 CFR 3.11. Completion	below, no assignee on of this form is NO	data will appear on the T a substitute for filing a	patent. If an assigner assignment.	ee is identifi	ed below, the do	cument has bee	n filed for
(A) NAME OF ASSIGN	-		(B) RESIDENCE: (CIT GERMANY	•	OUNTRY)			
Please check the appropriate	assignee category or cate	gories (will not be pr	inted on the patent) :	Individual 🗆 Co	rporation or	other private gro	up entity G	overnment
Advance Order - # of	mall entity discount permi	itted)	Payment of Fee(s): (Plo A check is enclosed. Payment by credit co The Director is herel overpayment, to Dep	ard. Form PTO-2038	is attached.		,	t any nis form).
	MALL ENTITY status. Se	ee 37 CFR 1.27.	☐ b. Applicant is no lo					
NOTE: The Issue Fee and Printerest as shown by the reco	ublication Fee (if required ords of the United States P) will not be accepted atent and Trademark	d from anyone other than Office.	the applicant; a regis	stered attorne	y or agent; or the	e assignee or oth	er party in
Authorized Signature	M	ow	hy	Date <u>Mar</u> e	_			_
Typed or printed name M	laria Laccotri	<u>pe Zacharak</u>	is	Registration N	o. <u>56</u> ,	266	***	_
This collection of informatic an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandra, Virgi Alexandria, Virginia 22313- Under the Paperwork Reduc	1730.							o process) paring, and o complete nerce, P.O. Box 1450,

PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 09/602,740-Conf. #1632 suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number FEE TRANSMITTAL June 23, 2000 Filing Date Markus POMPEJUS First Named Inventor For FY 2006 Examiner Name C. L. Fronda Applicant claims small entity status. See 37 CFR 1.27 1652 Art Unit BGI-126CP TOTAL AMOUNT OF PAYMENT 3,280.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Other (please identify): Check Credit Card Money Order None X Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 200 Plant 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) 89 37 x 50.00 1,850.00 Fee Paid (\$) - 52 = Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) 6___-15=____ HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

SUBMITTED BY	1 //					
Signature	~ MM	Registration No.	56,266	Telephone	(617) 227-7400	
Name (Print/Type)	Maria Laccotripe Zacharakis, Ph.	D., J.D.		Date	March 15, 2007	

8001 Printed copy of patent w/o color

1.400.00

30.00

Other (e.g., late filing surcharge): 1501 Utility issue fee

Express Mail Label No. EV 957645100 US	Dated: March 15, 2007		